



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

State Form 4604 (R9 / 11-99)

Indiana Election Commission (IC 3-9-1-3, 3-9-1-4, 3-9-1-5)

(CFA-1)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK
SEE INSTRUCTIONS ON REVERSE SIDE

FILE NUMBER

49-2097

1. IS THIS AN AMENDMENT? ☒ NO ☐ YES - If YES, please enter the file number in this box

SECTION A CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. LAST NAME White	FIRST NAME Elizabeth (Beth)	MIDDLE NAME Leslie	NICKNAME Beth	3. TYPE OF COMMITTEE (Check only one) <input type="checkbox"/> Candidate's Principal Committee <input checked="" type="checkbox"/> Exploratory Committee
4. STREET AND MAILING ADDRESS 914 N. Leland			5. FAX (Optional) AREA CODE ()	6. E-MAIL (Optional) elwindy@aol.com
7. CITY Indianapolis	STATE IN	ZIP 46219	8. COUNTY Marion	9. TELEPHONE (Day) AREA CODE () 317-352-9791
11. PARTY AFFILIATION <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other			12. OFFICE SOUGHT (Include district number, if any. Not required for an exploratory committee.) Marion County Clerk	

SECTION B COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. FULL NAME OF COMMITTEE (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Beth White for Marion County Clerk				
14. STREET AND MAILING ADDRESS <input type="checkbox"/> Check if this is a new address 5310 E. 9th Street				
15. CITY Indianapolis	STATE IN	ZIP 46219	16. COUNTY Marion	17. AREA CODE TELEPHONE (317) 357-0493
18. WHEN DID COMMITTEE ORGANIZE MM-DD-YY 9/4/01				
19. CHAIRPERSON'S FULL NAME <input type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson Margaret Lawrence Banning				
20. STREET AND MAILING ADDRESS <input type="checkbox"/> Check if this is a new address 5310 E. 9th Street				
21. CITY Indianapolis	STATE IN	ZIP 46219	22. COUNTY Marion	23. AREA CODE TELEPHONE (Day) () ()
24. TELEPHONE (Evening) (317) 357-0493				
25. BANK OR OTHER DEPOSITORIES (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) The National Bank of Indianapolis				
26. EXPLORATORY COMMITTEE (Give brief statement explaining purpose of an exploratory committee only) To explore a run for clerk and raise funds				
27. SALARIES AND REIMBURSEMENTS (Will the committee pay the candidate a salary or reimbursement for lost wages?) If YES, attach a copy of the contract. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES				

SECTION C APPOINTMENT OF TREASURER (IC 3-9-1-14)

28. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. Richard B. Brown	PERSON APPOINTED TREASURER Richard B. Brown	SIGNATURE OF THE COMMITTEE CHAIRPERSON Margaret Lawrence Banning
29. TREASURER'S FULL NAME <input type="checkbox"/> Designating Candidate as Treasurer <input type="checkbox"/> Check if this is a new Treasurer Richard B. Brown		
30. STREET AND MAILING ADDRESS <input type="checkbox"/> Check if this is a new address 6434 Quail Creek Blvd.		
31. CITY Indianapolis	STATE IN	ZIP 46237
32. COUNTY Marion	33. AREA CODE TELEPHONE (Day) () ()	34. TELEPHONE (Evening) (317) 782-9254

SECTION D ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

35. I give notice that I accept the duties and responsibilities of Treasurer of this committee. I am not the chairperson of a committee (except as permitted for a candidate committee, under IC 3-9-1-7).	SIGNATURE OF PERSON ACCEPTING APPOINTMENT Richard B. Brown
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SECTION E CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the committee that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.			
36. TYPED OR PRINTED NAME OF CHAIRPERSON Margaret Lawrence Banning	SIGNATURE OF CHAIRPERSON Margaret Lawrence Banning	DATE MM-DD-YY 09/04/01	FOR OFFICE USE ONLY 01 SEP - 6 PM 3:37 MARION COUNTY CLERK J. M. Jones
37. TYPED OR PRINTED NAME OF CANDIDATE Elizabeth L. White	SIGNATURE OF CANDIDATE Elizabeth L. White	DATE MM-DD-YY 9/5/01	
WARNING: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18).			